



2005 Governor's Older Worker and Exemplary Employer Awards Exemplary Employer Nomination Form

The Governor's Older Worker and Exemplary Employer Awards program began in 1994 to recognize the efforts of outstanding older workers and employers. Exemplary employers consistently demonstrate positive policies toward older workers in hiring and promotion, as well as through employee retention efforts, ongoing training, and benefits. Eligibility for a Governor's Exemplary Employer Award is limited to California employers who are in compliance with all national, state, and local laws, and who are in good standing with the State of California. Individuals, agencies, or organizations may submit a nomination with the signed permission of the nominated employer. Employers may also nominate themselves. The Exemplary Employer Nomination Form Items A through C must be completed in full to be considered for an award. **Completed nomination forms must be postmarked no later than December 15, 2004.**

Under the auspices of the Employment Development Department and the California Department of Aging, a panel will be chosen to judge entries and select winners. During the selection process, panel members may contact employers to clarify information found in their nomination packages. Winning organizations will be asked to provide a photo or camera-ready art, featuring their logo or business sign for use in the event's souvenir program. All decisions are final. Winners will be notified in April of 2005 and honored at the 2005 Governor's Older Worker and Exemplary Employer Awards Luncheon. The Awards Luncheon will be held in May, which is Older Americans Month. For more information, call (916) 654-6502 or fax (916) 657-0040.

A. Rating Criteria for the Governor's Exemplary Employer Award

All criteria listed below must be addressed in the nomination in order to be considered. When addressing rating criteria items 2 through 5, please provide supporting information on 8½" x 11" white paper (no more than two pages total) and submit with the nomination form. Calendar year 2004 should be emphasized but include prior years' examples if pertinent. Yes and no answers should be avoided. *A cover letter is optional.*

1. Total number of employees ____; Ages 40 – 54 ____; Ages 55 – 64 ____; Over Age 65 ____
2. Describe in a single paragraph why the nominated organization values older workers.
3. Describe how the nominated organization's work environment is older worker friendly. Cite specific examples in areas such as recruitment, hiring, advancement, employee relations, and benefits.
4. Provide examples of any programs in the nominated organization that help older workers remain competitive in the workplace. For example: tuition assistance programs, professional development courses, or on-the-job training.
5. Cite specific ways in which older workers contribute to the nominated organization's success. For example: mentoring younger workers, increased sales, reliability, fewer workers' compensation claims, or lower staff turnover.

Completed nomination forms must be postmarked no later than December 15, 2004, and mailed to:

Employment Development Department
Senior Worker Advocate Office
Governor's Older Worker and Exemplary Employer Awards
P.O. Box 826880, MIC 42
Sacramento, CA 94280-0001

B. Nominating Information (Please type or print all information)

Exemplary Employer Award Categories

Please check the appropriate box

- Small Business (Under 100 employees) Small, Non-Profit Agency (Under 100 employees)
 Large Business (100 or more employees) Large, Non-Profit Agency (More than 100 employees)
 Public Sector

Nominated Employer Information

Employer Name		
Street Address	City/State	9-Digit Zip Code
Federal Employer ID Number: (FEIN)	<u> </u> - <u> </u> (9-Digit number)	State Employer Account Number: (SEIN)
Type of Business	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Wholesale <input type="checkbox"/> Other (Specify) _____	
Employer Contact Person First Name ()	Last Name ()	Title
Telephone	Fax	E-mail Address

Nominator (Self-nominating employers may leave this section blank)

First Name	Last Name	Title
Street Address ()	()	City/State 9-Digit Zip Code
Telephone	Fax	E-mail Address

C. Authorization

Submission of this signed nomination form authorizes the sponsors to use information provided by the nominee and nominator, including documentation and photographs, to promote the hiring of older workers, commencing with the signature date. Event sponsors and their agents or employees are released from any liability when using these materials for the above stated purpose. The employer representative attests that the employer meets the eligibility requirements stated on this form.

Employer Representative Signature: _____ Date _____

Print First Name, Last Name, Title: _____

Nominator Signature: _____ Date _____

Print First Name, Last Name, Title: _____